



ARKANSAS INSURANCE DEPARTMENT
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE (501) 371-2605
<http://www.arkansas.gov/insurance/>

PREMIUM TAX FILING INSTRUCTIONS FOR REGISTERED RISK RETENTION GROUPS

***IMPORTANT NOTICE:**

IF YOUR COMPANY IS NOT REGISTERED IN THE STATE OF ARKANSAS, YOU CANNOT USE FORM AID AC RRG-T. YOU MUST FILE A REPORT OF PREMIUMS WRITTEN AND TAXES OWED ON COMPANY LETTERHEAD AND HAVE IT SIGNED BY AN OFFICER OF THE COMPANY. IF YOU ARE UNSURE ABOUT THIS, PLEASE CONTACT US FOR ASSISTANCE.

EACH REGISTERED RRG IS REQUIRED TO FILE THE FOLLOWING:

- ☐ 2005 FORM AID AC RRG-T (ANNUAL REPORT OF PREMIUMS, TAXES AND FEES)
- ☐ 1 COPY OF THE ARKANSAS STATE BUSINESS PAGE
- ☐ 1 COPY OF SCHEDULE T
- ☐ COMPANY CHECK MADE PAYABLE TO: **THE STATE TREASURER**

SEPARATE FILINGS AND CHECKS ARE REQUIRED FOR EACH INSURER. CHECKS MUST BE MADE PAYABLE AS NOTED ON THE FORM AND ATTACHED TO FORM.

CHECK MUST BE MADE PAYABLE TO: THE STATE TREASURER

DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE ANNUAL STATEMENT OR ANY OTHER CORRESPONDENCE.

MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS:

**ARKANSAS INSURANCE DEPT.
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904**

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT:

ACCOUNTING DIVISION
(501) 371-2612
Email: Insurance.Accounting@arkansas.gov

PENALTIES: ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607.
THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING REQUIREMENTS.
ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1st each year.
NO AUTHORITY EXISTS FOR GRANTING ANY EXTENSION OF TIME FOR FILING OR PAYMENT.

CORPORATE FRANCHISE TAX: **DO NOT INCLUDE THE FRANCHISE TAX FORM AND PAYMENTS IN YOUR PREMIUM TAX FILINGS.**
REMIT TO THE OFFICE OF THE SECRETARY OF STATE, ATTENTION: LISA BRUNO, 1401 CAPITOL AVE.,
VICTORY BLDG, SUITE 250 LITTLE ROCK, AR 72201. DIRECT INQUIRIES TO THE SECRETARY OF STATE
(501) 682-3409

**ARKANSAS INSURANCE DEPARTMENT****2005 FORM AID AC RRG-T**

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ACCOUNTING DIVISION
DUE MARCH 1, 2006

____ ORIGINAL FILING

____ AMENDED FILING

____ REFUND DUE

**ANNUAL REPORT OF PREMIUMS, TAXES AND FEES OF
REGISTERED RISK RETENTION GROUPS**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
TELEPHONE NUMBER	EXT	FAX NUMBER	
EMAIL ADDRESS			

Column 1
ARKANSAS TAX

Column 2
State of Domicile tax on Arkansas Insurer
TAX RATE _____

A. PREMIUM TAX COMPUTATION:

- | | | |
|---|----------|----------|
| 1. Total premiums paid for commercial liability insurance for risks insured in Arkansas during calendar year 2005 | \$ _____ | \$ _____ |
| 2. Finance and Service Charges, Policy Membership and other Fees | \$ _____ | \$ _____ |
| 3. Net Taxable Premiums (Lines 1 + 2) | \$ _____ | \$ _____ |
| 4. Tax thereon at 4%
Amount cannot be less than zero | \$ _____ | \$ _____ |

B. FEES:

- | | | |
|--|------------------|----------|
| 5. Certificate of Registration Renewal | \$ 100.00 | \$ _____ |
| 6. Filing Annual Statement | \$ 50.00 | \$ _____ |
| 7. Total Fees (Lines 5 + 6) | \$ 150.00 | \$ _____ |

C. TOTAL TAXES AND FEES DUE:

- | | | |
|-------------------------------|----------|----------|
| 8. Enter Total of Lines 4 + 7 | \$ _____ | \$ _____ |
|-------------------------------|----------|----------|

NAIC# _____

COMPANY NAME _____

2005 FORM AID AC RRG-T

*****PAYMENTS AND REFUNDS*****

- 1 **MAKE CHECK PAYABLE TO THE STATE TREASURER AND ATTACH TO THIS FORM.**
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.
- 2 **DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.**
- 3 REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.

AFFIDAVIT

State of _____ County of _____

Comes _____ and states on oath that he/she is the

_____ of _____
(Title) (Name of Company)

and that the foregoing statements are true and correct as shown by the records of said Company.

(ORIGINAL WET SIGNATURE OF OFFICER)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires _____